2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# 604843

Entity Name: JOHN M. CLARKE, M.D., P.A.

Current Principal Place of Business:

1609 PASADENA AVE. S
SUITE 4C
ST PETERSBURG, FL 33707 US

New Principal Place of Business:

7171 DR. ML KING JR ST S
ST PETERSBURG, FL 33705 US

Current Mailing Address:

1609 PASADENA AVE. S
SUITE 4C
ST PETERSBURG, FL 33707 US

New Mailing Address:

7171 DR ML KING JR ST S
ST PETERSBURG, FL 33705 US

FEI Number: 59-1497147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARKE, JOHN M., M.D.
1609 PASADENA AVE. S
SUITE 4C
ST PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

CLARKE, JOHN M., M.D.
1615 PASADENA AVE. S
SUITE 480
ST PETERSBURG, FL 33707 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 01/05/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT
Name: CLARKE, JOHN M
Address: 7171 DR ML KING JR ST S
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: D
Name: CLARKE, JOHN M MD
Address: 7171 DR ML KING JR ST S
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: VS
Name: CLARKE, KIT H.
Address: 7171 DR ML KING JR ST S
City-St-Zip: ST PETERSBURG, FL 33705 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. CLARKE PT 01/05/2012
Electronic Signature of Signing Officer or Director — Date